

**Liverpool John Moores University, Master of  
Pharmacy (MPharm) degree reaccreditation Part 2  
event report, October 2024**



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Event summary and conclusions	
Provider	Liverpool John Moores University
Programme/s	Master of Pharmacy (MPharm) degree Master of Pharmacy (MPharm) degree with preparatory year (closed to further intakes)
Event type	Reaccreditation part 2 and accreditation of an MPharm degree with preparatory year
Event date	16 - 17 October 2024
Approval period	2021/22 – 2029/30 The final intake to the MPharm with preparatory year was in 2022/23.
Relevant requirements	<a href="#">Standards for the initial education and training of pharmacists, January 2021</a>
Outcome	Approval Reaccreditation of the MPharm degree and accreditation of the MPharm degree with preparatory year offered by Liverpool John Moores University was confirmed. There were no conditions. Reaccreditation was confirmed for a period of six years, with an interim event in three years' time.
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found <a href="#">here</a> .
Recommendations	No recommendations were made.
Minor amendments	There were no minor amendments required
Key contact (provider)	Professor Peter Penson, Professor of Pharmacy, Head of Subject (Pharmacy) and Lead Pharmacist*
Accreditation team	Professor Steve Howard (Team Leader) Independent Healthcare Consultant* Dr Fran Lloyd (team member - academic), Associate Postgraduate Pharmacy Dean, NICPLD, Queen's University Belfast Dr James Desborough (team member - academic), Associate Professor in Pharmacy Practice, School of Pharmacy, University of East Anglia* Lesley Johnson (team member - pharmacist), Education and Training Consultant

	Anum Iqbal (team member - pharmacist newly qualified), Locum Pharmacist across both primary and secondary care, PhD Researcher, Newcastle University  Dr Cathy O'Sullivan (team member - lay), Workforce Development Consultant
<b>GPhC representative</b>	Philippa McSimpson, Quality Assurance Manager (Education) General Pharmaceutical Council*
<b>Rapporteur</b>	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

\*attended the pre-event meeting

## Introduction

### Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain (GB). The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The GB qualification required as part of the pathway to registration as a pharmacist is a GPhC-accredited Master of Pharmacy degree course (MPharm).

This reaccreditation event was carried out in accordance with the **Adapted methodology for reaccreditation of MPharm degrees to 2021 standards** and the programme was reviewed against the GPhC **Standards for the initial education and training of pharmacists, January 2021**.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the **Pharmacy Order 2010**. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

### Background

This event was conducted as the second part (Part 2) of a two-part reaccreditation process as described in the **'Adapted methodology for reaccreditation of MPharm degrees to 2021 standards'**. Full background details on the provider and MPharm provision can be found in the Part 1 report which can be **found here**.

#### MPharm degree

The Part 1 event took place on 30 November and 1 December 2022. At that event, the team agreed that the MPharm degree should be reaccredited subject to a satisfactory part 2 event and four conditions. The four conditions were:

1. The School was required to put in place additional learning opportunities during the 2022/23 academic year to help prepare the then current year 4 students for entry to foundation training. This was because the team was concerned that the limited experiential learning

opportunities available to this cohort of students meant that they were inadequately prepared for practice. This was to meet criterion 5.6. Responding to this condition, the School worked in collaboration with the students, current foundation trainee pharmacists and recently qualified pharmacists to provide an additional 16 hours of practical and simulated sessions to the 2022/23 final year students; these sessions focused on the key skills of a day 1 trainee pharmacist.

2. The School was required to bring forward plans for seeking feedback from patients and the public on the design and delivery of the course so that meaningful engagement would begin in the 2022/23 academic year. This was because there was limited evidence of patient and public engagement and plans for achievement of this were not clearly defined. This was to meet criterion 4.3.
3. The School was required to define the roles and responsibilities and lines of accountability of all those involved in experiential learning and interprofessional learning and set out the systems and policies for managing these elements of the programme (including assessments) with clear timescales. This was to meet criteria 4.1, 4.2, 5.7, and 6.8.
4. The School was required to submit a clear plan detailing how providers and supervisors in the workplace will be supported, appropriately trained, and developed in their role. This was to meet criteria 5.3, 7.5 and 7.6.

The team also recommended that the School should improve the consistency of communication with students in response to their feedback on the programme. This was because although feedback is routinely sought, the students stated that they were not always aware of actions taken in response to this feedback (this relates to criterion 4.4).

The Registrar of the GPhC accepted the team's recommendations. However, considering the number of conditions that had been set and the negative comments received from students, the Registrar confirmed that approval would also be subject to a satisfactory monitoring event to take place during November/December 2023 to check on progress.

The evidence submitted by the School following the part 1 event allowed the accreditation team to agree that condition 1 had been met. Therefore, the Registrar approved the reaccreditation of the MPharm degree, and accreditation of the MPharm degree with preparatory year, subject to the three remaining conditions, a satisfactory monitoring event, and part 2 event.

A monitoring event was held in December 2023. At this event, the accreditation team agreed that sufficient progress had been made in a number of areas and that criteria 4.1 and 4.2 could move from 'not met' to 'likely to be met'. However, the team considered that some areas had not developed sufficiently to provide assurance that all the standards would be met in full by the part 2 event. The team therefore requested a further update in relation to progress in a number of areas: these were the appointment to the five vacant staff posts (criterion 3.2), seeking feedback from stakeholders (particularly patients and the public) to inform the design and delivery of the programme (criterion 4.3), delivery of experiential learning, including training of workplace-based assessors, and how the provider will manage and record the assessment of students against each of the learning outcomes (criteria 5.6, 6.8 and 6.11) and the delivery of Interprofessional learning (criterion 5.7). Following the monitoring event, the University submitted an update, which allowed the accreditation team to agree that sufficient progress had been

made to allow the remaining ‘not met’ criteria (4.3, 5.7 and 6.8) to move to ‘likely to be met’. All other criteria linked to the updates remained ‘likely to be met’ and progress would be reviewed at the part 2 event.

### **MPharm degree with preparatory year**

The MPharm with preparatory year (referred to by the University as MPharm with Foundation Year, MPharmF) programme started in September 2020. Because of the difficulty posed by managing entrant and progression numbers into the first year of the MPharm, the University decided that the MPharm with preparatory year would close, with the final intake of students entering in 2022/23. As this programme variant had not yet been through an accreditation process, and students on this route would graduate to the 2021 IET standards, it was necessary to review this variant of the MPharm programme during the part 1 event. At this event, the team agreed that the MPharm degree with preparatory year should be accredited, subject to a satisfactory part 2 event and four conditions as described above for the four-year programme.

### **Documentation**

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team (‘the team’) and it was deemed to be satisfactory to provide a basis for discussion.

### **Pre-event**

In advance of the main event, a pre-event meeting took place via videoconference on 4 October 2024. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event.

### **The event**

The event took place on site at the University on 16 – 17 October 2024 and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm degree, a meeting with experiential placement providers and a meeting with past and present students.

### **Declarations of interest**

There were no declarations of interest.

## **Schedule**

### **Day 1: 16 October 2024**

<b>09:00 – 11:00</b>	Private meeting of accreditation team, including break
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<b>11:00 – 13:00</b>	<b>Progress meeting 1 – management and oversight</b> <ul style="list-style-type: none"> <li>• Introductions</li> <li>• Introductory presentation</li> <li>• Questions and discussions</li> </ul>
<b>13:00 – 14:00</b>	Lunch break and private meeting of accreditation team
<b>14:00 – 15:30</b>	<b>Meeting with students</b>
<b>15:30 – 15:45</b>	Break
<b>15:45 – 16:15</b>	<b>Tour of facilities</b>
<b>16:15 – 17:00</b>	Private meeting of accreditation team

## Day 2: 17 October 2024

<b>09:00 – 09:30</b>	Private meeting of the accreditation team
<b>09:30 – 11:00</b>	<b>Progress meeting 2 – curriculum and assessment</b> <ul style="list-style-type: none"> <li>• Questions and discussions</li> </ul>
<b>11:00 – 11:30</b>	Break and private meeting of the accreditation team
<b>11:30 – 12:30</b>	<b>Meeting with experiential learning partners and placement supervisors</b>
<b>12:30 – 14:00</b>	Private meeting of the accreditation team, including lunch
<b>14:00 – 14:15</b>	<b>Delivery of outcome to programme provider</b>

## Attendees

### Course provider

The accreditation team met with the following representatives of the provider:

#### Name

#### Designation at the time of accreditation event

Anderson, Dr Vicki

School Disability Co-ordinator

Chaudary, Dr Shaqil\*

Head of Subject (Pharmacological Sciences)

Davies, Jonathan*	Principal Clinical Teaching Fellow, Experiential Learning Lead - School of Pharmacy and Biomolecular Sciences
Devine, Alison	Senior Lecturer in Clinical Pharmacy, Stream Lead for Community Pharmacy Experiential Learning
Doherty, Stephen	Head of Foundation School, NHSE
Enoch, Dr Steve*	Head of Subject (Pharmaceutical and Chemical Sciences) – Admissions Lead
Fawcett, Dr Sandra	EDI Lead - School of Pharmacy and Biomolecular Sciences
Gaskell, Dr Elsie	Senior Lecturer, Co-lead of Level 4 (first year)
Giuntini, Prof Francesca	Representative of Numeracy Team
Hindley, Ben	Hospital Teacher Practitioner – Stream Lead for Hospital Pharmacy
Hutcheon, Prof Gillian	Co-lead of Level 5 (second year), Research Coursework Lead
Isreb, Dr Abdullah	Senior Lecturer, Co-lead of Level 6 (third year)
Jones, Ryan	Senior Clinical Teaching Fellow, Co-lead of Level 4 (first year)
Kitchen, Catherine	Joint Head of Medicines Management, Mersey Care NHS Foundation Trust
Leigh, Aly	Head of Operations, Faculty of Science
Lunn, Dr Andy	Senior Lecturer, Co-lead of Level 7 (fourth year)
Matthews, Dr Christian	Deputy Pro-Vice Chancellor (Faculty of Science, Health and Engineering)
McCloskey, Dr Alice*	Reader in Pharmacy, MPharm Programme Leader
McKenzie, Lucy*	Academic Quality and Standards Team Leader, Academic Registry
Nesbit, Johanne	Community Pharmacist, Davey's Chemist, Liverpool
Penson, Prof Peter*	Professor of Pharmacy Practice, Head of Subject, Pharmacy, and Lead Pharmacist
Popoola, Adebola	Manager: Kensington Neighbourhood Pharmacy
Sarker, Professor Satya*	Director of the School of Pharmacy and Biomolecular Sciences
Smith, Nicola	Science Placement Learning Support Unit Manager
Watkins, Dr Frances	General Practitioner, SWAGGA Primary Care Network PCN Lead for Pharmacy, prescribing, and CVD
Wright, Dr Sally	Senior Lecturer, Co-lead of Level 6 (third year), Patient-Centred Care Coursework Lead – Student-led clinics lead

\*Also attended the pre-event meeting

The accreditation team also met a group of sixteen MPharm students (comprising three from year 1, four from year 2, three from year 3, six from year 4) and four recent graduates.

## Key findings - Part 1 Learning outcomes

During the Part 1 reaccreditation process the accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree and MPharm degree with preparatory year. To gain additional assurance the accreditation team also tested a sample of six learning outcomes.



During the Part 2 event, the accreditation team reviewed the provider's proposed teaching and assessment of any learning outcomes that were deemed as 'likely to be met' or had changed/been modified since the Part 1 process.

Having reviewed the learning outcomes at both the Part 1 and Part 2 reaccreditation events, the team agreed that all 55 learning outcomes were met or would be met at the point of delivery. See the **decision descriptors** for an explanation of the 'Met' and 'not met' decisions available to the accreditation team.

The learning outcomes are detailed within the **Standards for the initial education and training of pharmacists, January 2021**.

**Domain: Person-centred care and collaboration (learning outcomes 1 - 14)**

Learning outcomes met/will be met? Yes ☒ No ☐

**Domain: Professional practice (learning outcomes 15 - 44)**

Learning outcomes met? Yes ☒ No ☐

**Domain: Leadership and management (learning outcomes 45 - 52)**

Learning outcomes met? Yes ☒ No ☐

**Domain: Education and research (learning outcomes 53 - 55)**

Learning outcomes met? Yes ☒ No ☐

## Key findings - Part 2 Standards for the initial education and training of pharmacists

The criteria that sit beneath each standard are detailed within the [Standards for the initial education and training of pharmacists, January 2021](#).

### Standard 1: Selection and admission

**Students must be selected for and admitted onto MPharm degrees on the basis that they are being prepared to practise as a pharmacist**

Standard met? Yes ☒ No ☐

This standard was explored in detail at the part 1 event and the accreditation team was satisfied that all criteria were met. However, wishing to learn about the student intake for 2024/25, including how many accepted students met the advertised entry tariff, the team learned that the School had admitted 184 students, compared with the accredited number of 160. The staff described how of the 184 admitted, 20 were international students. Two factors contributed to the increased numbers. First, there had been a significant increase in the number of international students and second, a higher proportion of applicants had achieved their estimated A-level results. The advertised entry tariff was 120 points and all but two had met this requirement. Two students had been admitted with BCC grades due to extenuating circumstances, the decision being taken outside the MPharm programme team. The staff explained that previously admissions were controlled within the Faculty, but the process had now moved to the University centre. The School has since emphasised to the central admissions team that any deviations from the minimum tariff must be discussed with the School of pharmacy before offers are made or students accepted; as there must be a joined up approach to recruiting to ensure that student numbers are controlled and do not exceed placement capacity. The staff described how student recruitment was very buoyant. The team also heard how standards for entry from foundation programmes had been maintained equivalent to A-level requirements and entrants from the traditional foundation year outperformed standard entry students on the MPharm. The School was confident in its ability to maintain control over admissions and the central admissions team now understands the importance of controlling numbers; numbers are expected to return to the planned level of 160 per year.

The team noted that University systems should detect applicants with problems early in the process, rather than making post hoc adjustments based on extenuating circumstances.

### Standard 2: Equality, diversity and fairness

**MPharm degrees must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and be delivered in such a way that the diverse needs of all students are met**

Standard met? Yes ☒ No ☐

This standard was explored in detail at the part 1 event and the accreditation team was satisfied that all criteria were met.

The team noted from the documentation that performance data appeared to show that black and minority ethnic (BAME) group students do less well than white/others, and mature students underperform relative to those in the 21-30 age bracket, while females outperform males. Wishing to learn of the School's plans to review performance data and take action to address any performance discrepancies, the team heard that these form part of the continuing monitoring and enhancement processes. There are problems in interpreting data, where sometimes numbers are too small to draw conclusions, data on ethnicity are confounded by missing information, and there are complexities in the picture relating to student participation from areas of deprivation. However, the School is developing strategies to address potential issues. These include teaching in blocks to reduce the need for students to travel to the University for a single session, and commencing teaching at 9:30 a.m. to accommodate commuters, many of whom travel from Manchester. The School is also widening the geographical spread of placements to minimise the impact of travel. Decolonising the curriculum is underway to make it more accessible to black and Asian students and the School has also introduced an undergraduate mentoring scheme.

Noting a large increase in the number of students with disabilities entering the programme, the team wished to learn what resources have been put in place to support these students. The staff confirmed this increase, which included students with physical disabilities and those with neurodiversity and told the team that the School was trying to ensure that these can be identified before entry to the programme, so that appropriate adjustments could be made through the University's disability service. As well as making adjustments, these students have access to 1:1 mentoring. Ensuring access to placements is essential and in this context the School has received huge support from the central placement support unit so that appropriate adjustments can be made for each individual. In allocating placements for students with disabilities, the School also considers their travel needs and caring responsibilities.

In the context of criterion 2.6 (*Programme design and delivery must ensure trainee pharmacists understand their legal responsibilities under equality and human rights legislation and proactively seek to learn about and understand communities and cultures*), the students told the team how the School makes a conscious effort to include equality and diversity in teaching and learning, for example, by case studies covering different scenarios relating to the need to address religious concerns with certain formulations, and ensuring that consultation skills sessions involve transgender patients, as well as those of different ethnicities, ages and backgrounds.

### Standard 3: Resources and capacity

**Resources and capacity must be sufficient to deliver the learning outcomes in these standards**

Standard met? Yes ☒ No ☐

The team agreed that all criteria in standard 3 were met or would be met at the point of delivery.

At the part 1 event, the team agreed that criteria 3.2 (*'The staff complement must be appropriate for the delivery of all parts of the MPharm degree'*) and 3.3 (*'MPharm degrees must be delivered in premises that are fit for purpose'*) were likely to be met. The part 2 documentation described how, following the monitoring event and as described in the subsequent update, the School has sought to

increase the staff complement by recruiting new staff, increasing the contribution of existing part-time staff and increasing the complement of teacher practitioners working in partnerships with local trusts. Noting that the Pro-Vice Chancellor of the Faculty of Science had provided assurance at the part 1 event that funding would be provided to fill all vacant staff posts, the team asked whether this was still the case and if there had been any changes to the staffing since submission of the part 2 documentation. The team was told that all staff members on temporary contracts had been made permanent and there was support from a strong team of sessional specialist pharmacist staff, with postgraduate demonstrators being used where appropriate to support teaching. The technical team has been expanded to support simulated practice and the Placement Learning Support Unit staff had been increased. The Director of the School confirmed that all vacant posts are being filled. Cases for new posts are being considered. The teaching staff included a number of teacher practitioners comprising eight from hospital and four from community pharmacy, along with two from primary care, as well as some sessional pharmacists. These practitioners work two-three days in the University and the rest of the week in their practice, with flexibility according to the School's needs and their own commitments. 17 staff members are independent prescribers, and two members of staff are currently undertaking independent prescribing training.

The team heard that the University is in a healthy financial position compared with other higher education institutions. Wishing to learn what impact the faculty merger (see narrative under standard 4) has had on resource allocation for the MPharm, the team was told that there should be no impact. The purpose of the merger is to have commonality of services in generic areas, and not to reduce staff numbers. Moreover, pharmacy staff will not be required to teach on other programmes. Benefits of the faculty merger include the ready access to resources of the former Faculty of Health, increased opportunity for capital investment and increased support for placements.

In response to the team's wish to know how the School is addressing resource risks associated with the development of a new school of pharmacy within Liverpool, the staff stated that they were monitoring the situation, especially in relation to potential future staffing issues and the impact on placements.

The documentation described how, over the last two years, the University has invested in clinical facilities for pharmacy teaching. This investment includes the refurbishment of the dispensing suite and associated consultation rooms, the development of a new pharmacy simulation suite, comprising a six-bed hospital ward equipped with mannequins, and the creation of a new clinical skills suite with consultation rooms, interactive screens and relevant equipment. These facilities, along with the existing clinical suites and other teaching facilities allow the MPharm programme to provide small group clinical teaching at all levels of the programme. The University has also invested in generative AI technology for the mannequins in the simulation suite; this will greatly reduce the staff workload in developing and delivering simulation activities. During the event, the team visited these impressive new facilities, which the students stated were very useful, with, for example the hospital suite offering a good simulation of the real world.

## Standard 4: Managing, developing and evaluating MPharm degrees

The quality of the MPharm degree must be managed, developed and evaluated in a systematic way

Standard met? Yes ☒ No ☐

The team agreed that all criteria in standard 4 were met or would be met at the point of delivery.

The documentation described how, since the part 1 event, the University had undergone a restructuring process, reducing the number of faculties from five to two. The School of Pharmacy and Biomolecular Sciences now sits within the Faculty of Science, Health and Engineering. This will facilitate closer cooperation between the School and colleagues in the former Faculty of Health. The Faculty is led by a Pro-Vice Chancellor, supported by a deputy and four Associate Deans. The Faculty's support services, which include the Data and Information Unit, Technical Services, Programme Administration, Secretariat, and the Skills Support Unit, remain unchanged since the merger. Associated with the Faculty is the Assistant Academic Registrar, who reports to the University's Academic Registrar and whose role is to advise and assist Faculty staff in the design, validation and delivery of programmes and modules, and to ensure that University and national regulations and processes are followed.

At the part 1 event, the team agreed that criteria 4.1 (*'There must be systems and policies in place to manage the delivery of the MPharm degree, including the periods of experiential and inter-professional learning'*) and 4.2 (*'There must be agreements in place between everyone involved that specify the management, responsibilities and lines of accountability of each organisation, including those that contribute to periods of experiential and inter-professional learning'*) were not met and imposed a condition (condition 3, which also relates to standards 5 and 6; please see the narrative under these standards). This was because the provision of placements and interprofessional learning activities remained to be implemented and details of the systems and policies for managing these were unclear. The condition required the School to define the roles and responsibilities and lines of accountability of all those involved in experiential learning and interprofessional learning and set out the systems and policies for managing these elements of the programme (including assessments). Following the monitoring event, the team agreed that criteria 4.1 and 4.2 were likely to be met by the part 2 event. The School has now defined the roles and responsibilities of those involved in the delivery of experiential learning. The University established a Central Placement Unit that now sits within the new Faculty of Science, Health and Engineering. There is an Experiential Learning Lead, as well as an Experiential Learning Stream Co-ordinator for each of community pharmacy, hospital pharmacy, primary care/general practice, student-led health improvement initiatives and simulated practice. The Experiential Learning Lead works closely with the Lead Pharmacist, the MPharm Programme Leader, the Experiential Learning Stream Co-ordinators, the Placement Learning Support Unit (PLSU) team, the MPharm assessment team and the placement providers in the development, coherency, implementation and assessment of experiential learning, including the coordination of training for placement facilitators. There is also now a Cross-University Working Group on Interprofessional Learning, the function of which is to consider opportunities for students from different public service professional programmes to learn together. The School has an Interprofessional Education Lead, who liaises with the Lead Pharmacist, MPharm Programme Leader,

Experiential Learning Lead, module leaders and others to support the development of interprofessional education within the programme (see also the narrative under standard 5).

The part 2 documentation described how contracts or service-level agreements (SLAs) must be in place for all placement providers prior to students engaging in placements: these clearly define the roles and responsibilities of the University and the placement providers. A full process for the quality assurance of placement settings is now in place. Requesting an update on the new audit process for placements, the team was told that this follows the LJMU code of practice and utilises the quality assurance framework produced by the North West Practice Educators Group (NWPEG); this employs a three-step process comprising an organisational level audit, a learning environment audit and student evaluation of their placement experience. The organisational level audit is completed for all new organisations offering placements and is signed off at senior level in the organisation, being co-signed by the University and a member of the organisation who provides the required information; this is re-evaluated every three years. The learning environment audit is completed by practice-based staff in all new learning environments and considers aspects such as safeguarding, EDI, insurance, incident reporting, whistleblowing, training and the support offered; this is normally a one-off event and is re-undertaken only where student evaluations are unsatisfactory, or when more than one year has elapsed in which students have not been attached to the placement. Student evaluation is undertaken after every placement. Organisational audits have been completed. There is a robust reporting system both for students and providers, and the School can respond rapidly where needed.

Requesting confirmation of the agreements in place with placement partners in each sector, the team heard that community pharmacy placements are provided under contract via 19 organisations, offering a total of 135 branches that can offer placements. There are contracts with eight NHS Foundation Trusts offering hospital pharmacy placements at 12 different sites, eight of which are general, along with four specialist sites. For primary care, there are contracts with six primary care networks and seven individual medical centres, providing placements across 30 practices. As well as the placements in hospital, community and primary care, there will also be student-led health improvement clinics, for which students are currently undergoing training, including simulated practice and assessment of competence before engaging in events through an external provider. The staff expressed confidence that the stock of placement providers is sufficient and that the School can manage the risks, for example, resulting from the closure of multiple pharmacy organisations.

In response to condition 2, the School established a formal Board of External Stakeholders. Following the monitoring event and the further information provided, the team agreed that criterion 4.3 (*'The views of a range of stakeholders – including patients, the public and supervisors – must be taken into account when designing and delivering MPharm degrees'*) was likely to be met. The part 2 documentation described the composition of the Board, which includes patient representatives, a lead primary care network pharmacist, practice education facilitators and representatives of the School. Responding to the team's wish for an update on key outputs from meetings of the Board of External Stakeholders, the staff explained that although a meeting scheduled for September did not take place, the School ran focus groups with patients, who expressed positive views on their interactions with pharmacists and on building relationships with students. The patients welcomed a number of aspects of students' training, including prescribing and student-led health checks. The staff described how patient and public engagement had helped to shape the design and delivery of the MPharm programme, for example, with the role of pharmacists in facilitating access to services feeding into a workshop, and the importance of pharmacists' emotional intelligence and problem-

solving skills feeding into the student portfolio. Wishing to learn of the School's strategies for increasing the number of patients involved in stakeholder meetings, the staff expressed the view that while it is still useful to include patients in the stakeholder group, separate focus groups with patients are more valuable, because patients contribute better away from other stakeholders, being less inhibited and more willing to speak up. A group of experiential learning partners told the team that communication with the School was good, with frequent e-mail exchange and regular meetings before, during and after the season of placements; these meetings were both face-to-face and via Teams and the School acts on any feedback provided. The team looks forward to the further development of consultations with stakeholders, including patients, in developing the MPharm programme.

Responding to the part 1 accreditation team's recommendation to improve the consistency of communication to students in response to their feedback on the programme, the School now uses the MPharm Community Site on the Virtual Learning Environment to publish summary notes of responses to issues raised at meetings of the Staff-Student Consultative Committee and Boards of Study. Module leaders will also incorporate key aspects of any changes made in response to student feedback into their presentations at the beginning and end of each semester. The MPharm Programme Leader has implemented 'Town Hall' style meetings to reach all students in a year group at once. These take place at the beginning, mid and end of each semester and provide updates, as well as opportunities for students to ask questions and discuss any issues. The year leads also post regular updates on the VLE Canvas site each Friday to prepare students for the following week, reminding them of any deadlines and pre-work to be completed. The School has increased the number of in-person lectures. The students told the team of regular meetings with the staff and how problems were rapidly resolved, with students receiving feedback on actions taken. The team heard how things have improved since the part 1 event and how the students feel confident in raising any issues with the staff.

## Standard 5: Curriculum design and delivery

**The MPharm degree curriculum must use a coherent teaching and learning strategy to develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards. The design and delivery of MPharm degrees must ensure that student pharmacists practise safely and effectively**

Standard met? Yes ☒ No ☐

The team agreed that all criteria in standard 5 were met or would be met at the point of delivery.

At the part 1 event, the team agreed that criterion 5.3 (*'Everyone involved must work together to deliver the MPharm degree'*) was not met. As part of meeting criterion 5.3, the part 2 documentation described how the programme leader led a full curriculum review and re-design, with an emphasis on multi-disciplinary design and delivery of learning material and assessments to ensure full integration of science with practice. Weekly meetings with year module leads allow timely resolution of any issues, and the programme leader meets subject heads and the experiential learning lead every two weeks. Staff members from science-based disciplines meet regularly with practice colleagues to discuss aspects of the programme that are applicable to their teaching. Module and assessment



teams are multi-disciplinary, with both pharmacists and scientists contributing actively to the design, development, marking and moderation of coursework, examinations and competency-based assessments.

At the part 1 event, the team agreed that criterion 5.6 (*The MPharm degree curriculum must include practical experience of working with patients, carers and other healthcare professionals*) was not met. This was because the team considered that the limited experiential learning opportunities available to the final year students due to graduate in 2023 meant that these students were inadequately prepared for practice. Following the School's response to condition 1 and the monitoring visit, the team agreed that criterion 5.6 was likely to be met by the part 2 event. To ensure that the MPharm curriculum as a whole includes practical experience of working with patients, carers and other healthcare professionals, the School has developed an experiential learning strategy, which spans both practice placements (a total of 45 days across the programme) and simulated practice in all four years. Practice placements take place in a variety of sectors covering community and hospital pharmacy, as well as general practice/primary care and specialist care settings; there are also student-led health improvement placements. Simulated practice prepares students for practice placements and includes screen-based simulated technologies using the Canvas VLE, as well as in-person placements in simulated hospital pharmacy, community pharmacy and primary care/GP practice environments utilising newly renovated clinical facilities. These simulated practice environments may also be used to introduce and formatively assess entrustable professional activities (EPAs); students will undertake selected EPAs in their community pharmacy and student-led health improvement placements. Specific learning aims and activities have been defined for all practice-based placements in each year of the MPharm programme. While engaged in experiential learning settings, students will be expected to consistently demonstrate behaviours in line with the General Pharmaceutical Council's Standards for Pharmacy Professionals. From the 2024/25 academic year onwards, final year students will undertake a five-day placement in either primary care, general practice or another specialist setting; specialist settings cover paediatric hospitals, specialist oncology hospital practice, community mental health and community pharmacy head offices. As far as possible, students will be able to choose the area in which they undertake these placement blocks. The School plans to building sufficient placement capacity to provide a five-day placement for all year 3 students in primary care, general practice and medicines management settings, two five-day blocks of community pharmacy in year 2 and a second five-day hospital pharmacy block in each of years 3 and 4. In response to the team's wish to know how the School ensures that the experiential learning strategy takes account of best practice, and that the learning experience is progressive, with increasing complexity as students move through the programme, the staff described how currency of practice is addressed in all learning activities in hospital, community and primary care, as well as through activities on campus such as in simulations. Practitioners are involved in the design of all activities, with currency ensured through the involvement of practising pharmacists; co-creation with the experiential learning partners also ensures the practicality of students being able to meet learning outcomes. The staff illustrated the increasing complexity of placement experiences with reference to the use of EPAs in community pharmacy, which progress across the years as students' knowledge increases, starting with, for example, the simple receipt of a prescription, moving on to clinical and accuracy checking. The School ensures that students' experiences are consistent across providers through appropriate training of placement facilitators, so that they know the activities that students are expected to undertake and are familiar with what students have done previously, including through simulations. Students are encouraged to be proactive in requesting to undertake specific tasks. If students have problems in



completing tasks through lack of opportunity, anxiety, or lack of engagement this will be identified through feedback and their portfolios. Overall, the students reported positive experiences of placements in hospital and community, including the incorporation of EPAs, and told the team how they were prepared for placements and trained for health checks in the community using simulations. The foundation training year students told the team that the placements had provided a good insight and were good preparation for practice, although they stated that students had reported variable experiences across different placements. A group of experiential learning partners described their experiences of working with LJMU students on placements in all sectors and told the team that they were well briefed before students attend and knew the expectations for students at each level of the programme, as well as what students should achieve through each placement. The students were well prepared and behaved professionally, participating well in the specified activities. Problems were rare and were quickly resolved through contacting the School, which they could readily contact through e-mail or telephone.

At the part 1 event, the team agreed that criterion 5.7 (*During the MPharm degree, there must be an inter-professional learning plan*) was not met. Following the monitoring event and further information provided after the monitoring visit, the team agreed that this criterion was likely to be met by the part 2 event. In order to ensure sufficient provision of interprofessional education (IPE; criterion 5.7), the School has established a dedicated IPE group to co-ordinate the overall strategy (see also the narrative under standard 4). Year 1 students are introduced to the role of the pharmacist in the multi-disciplinary team. There will be at least one IPE event per academic year, with pharmacy students undertaking learning activities alongside students of other health professions, including nursing, nutrition, midwifery, health and social care, psychology and public health. Events will cover numeracy for healthcare professionals (year 1), management of people with hyperlipidaemia (year 2), decision making in prescribing (year 3), opioid substitution therapies and naloxone administration (year 3), prescribing and breastfeeding (year 4), and emergency planning (year 4). Optional activities for the 2024/25 session include working with medical and dental students. Students will also encounter other trainee and practising healthcare professionals both in simulated settings and while on placement. The staff broadly confirmed these interprofessional learning activities, as well as providing further details of individual sessions. The team also heard from the students about their interactions with students of other healthcare professions throughout the MPharm programme, and how they were now required to incorporate reflections on their interprofessional learning into their portfolios.

## Standard 6: Assessment

**Higher-education institutions must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours to meet the learning outcomes in part 1 of these standards. The assessment strategy must assess whether a student pharmacist's practice is safe**

Standard met? Yes ☒ No ☐

The team agreed that all criteria in Standard 6 were met or would be met at the point of delivery.

At the part 1 event, the team agreed that criterion 6.8 (*'Higher-education institutions must have in place effective management systems to plan, monitor and record the assessment of students. These must include the monitoring of experiential and inter-professional learning, during the MPharm degree, against each of the learning outcomes'*) was not met. This was because the School had not yet clearly defined management systems to plan, monitor and record the assessment of students in relation to experiential learning and interprofessional learning. After receiving further information following the monitoring event, the team agreed that criterion 6.8 was likely to be met by the part 2 event. The part 2 documentation described the systems in place to address the planning, monitoring and recording of assessments undertaken during experiential learning. Assessment of experiential learning requires students to complete a Practice Assessment Document (PAD) in each year. The PAD includes formative feedback on the students' entrustable professional activities (EPAs) and supervised learning events undertaken during their placements, along with service-user feedback reports obtained during student-led health improvement activities, and reflective accounts on placements, simulated practice and interprofessional learning. The PAD will be paper based for current students in years 2-4 but for year 1 students it will be managed and administered electronically using the Practice Assessment Record and Evaluation (PARE) tool, which will be rolled out to all years: PARE is an established tool, used extensively within the North-West region to allow students to complete practice assessment documentation, and a group of experiential learning partners told the team that this had been discussed in network meetings and will help to streamline paperwork. Summative assessment of students' portfolios takes place at the end of each year. Placement facilitators receive appropriate training. The team sought further information on the professional portfolio, including the tasks assessed through this mechanism. A demonstration of the electronic portfolio showed how it will be used in practice and revealed its versatility in recording students' placement activities. The staff described how these include students' reflections on feedback received from placement facilitators, for example, on their presentations relating to a case study and on their placement experiences, as well as reflections on their continuing professional development in general. The portfolios are marked by GPhC registrants, and each portfolio is marked by a staff member who is not the student's personal tutor, as these tutors provide formative feedback on their students' portfolios during their development. The portfolio focuses on skills development and the marking process looks at students' abilities to synthesise their experience and reflect on what has gone well and what needs to be improved. All activities recorded in the portfolio are mapped to learning outcomes and the students must reflect on meeting these. The portfolio also includes EPAs, which, the team heard, are currently being rolled out across community pharmacy and primary care. Although not described as such, students undertake set tasks in hospital which are essentially EPAs; here, students undertake a full clinical patient review, which encompasses several EPAs. Students are informed of the skills, knowledge and experience required to undertake EPAs and a level of entrustment is assigned using a validated 5-point scale. The level of support required for EPAs varies among students, some of whom may need remedial activity and be required to repeat a particular EPA, these being marked by a small team at each level; there are pre-marking meetings to calibrate expectations and moderation with second marking are used to achieve consistency. The students described to the team how they use the portfolio to record their reflections on placements, along with other material, including information on specific conditions, as well as details of their EPAs; they confirmed that the portfolio is reviewed by their personal tutors, from whom they receive feedback on their performance.

The portfolio also includes reflections on interprofessional education (IPE), and the documentation described how students must produce a reflection on one of the interprofessional activities for each

academic year. This reflection is required to employ the format used by GPhC registrants for revalidation when recording their planned continuing professional development and should focus on how their IPE activities have supported them in developing an understanding of their role within the multidisciplinary healthcare team.

Wishing to learn more about the standard setting methods used for each type of assessment and the processes in place for the routine review of all assessments to ensure that they reflect current practice and guidelines, the team heard that OSCEs had always been standard set using a matrix and checklist to determine a cut score for each station. This approach is used for all assessments where there is a binary pass/fail decision. Coursework and short-answer questions are reviewed by a panel to a set pass mark. Post-assessment checks and moderation are undertaken to address any variation between markers and the standard would be reviewed where a problem is identified that relates to a whole cohort, for example, an unduly high failure rate. A routine review of all assessments is undertaken annually; this is undertaken internally but also involves the external examiners. External examiners are happy with the assessment rubrics and the way that assessments are reviewed. The School now uses multidisciplinary marking teams, which ensures distribution of marking across the teaching staff and provides consistency.

Noting comments from external examiners relating to feedback to students on their assessments and wishing to know what actions had been taken to address consistency in feedback, the team was told that external examiner comments were generally positive, including on the marking rubrics, with students building on feedback from previous years. The School had addressed problems in returning coursework on time by planning the coursework across each semester to ensure that all staff members were aware of when marking will take place, and by distributing this task across marking teams, while noting that assessment of clinical topics depended on practising pharmacists. All staff members are familiar with the marking rubrics, and mechanisms are in place to ensure consistency in the amount of feedback delivered. In discussion with the students, the team heard that they were generally happy with the feedback they received, this allowing them to improve subsequently, although there was some variability in the amount of feedback and its detail among different staff members. However, they were able to arrange meetings with staff members to obtain more detail if required.

## Standard 7: Support and development for student pharmacists and everyone involved in the delivery of the MPharm degree

**Student pharmacists must be supported in all learning and training environments to develop as learners and professionals during their MPharm degrees. Everyone involved in the delivery of the MPharm degree should be supported to develop in their professional role**

Standard met? Yes ☒ No ☐

The team agreed that all criteria in Standard 7 were met or would be met at the point of delivery.

At the part 1 event, the team agreed that criteria 7.5 (*'There must be a range of systems in place to support everyone involved in the delivery of the MPharm degree to develop in their professional role'*) and 7.6 (*'Training must be provided for everyone involved in the delivery of the MPharm degree'*) were not met. The resulting condition required the School to submit a clear plan detailing how placement

providers and supervisors in the workplace will be supported, appropriately trained, and developed in their role. Following the part 1 event, and the School's response to this condition, the team was satisfied that these criteria were likely to be met by part 2. These criteria were also explored at the monitoring event, following which the team agreed that they remained likely to be met. Criterion 7.7 (*'Everyone involved in the delivery of the MPharm degree must have effective supervision, an appropriate and realistic workload, mentoring, time to learn, continuing professional development opportunities, and peer support'*) also remained likely to be met following the monitoring event. Accordingly, the part 2 documentation described how the staff and placement supervisors are supported, appropriately trained, and developed in their role. All staff members are expected to participate in continuing professional development activities. Although these may be voluntary, participation is required for certain duties. There is an induction for new staff members and those who are not GPhC-registered pharmacists are introduced to a variety of GPhC policies and standards that govern the initial education and training of pharmacists. All new members of academic staff are allocated sufficient protected time to complete the Postgraduate Certificate in Learning and Teaching in Higher Education and gain Fellowship status of Advanced HE. Postgraduate researchers who are involved in teaching or demonstrating must complete a training programme. Academic staff members undergo a Personal Development and Performance Review (PDPR) at least once a year. This covers what is expected of them through their job role and how their performance objectives are linked to the delivery of the University's vision and strategic plan; the review includes reflection on achievements, covers planning for the next year and addresses any personal training and development requirements along with career aspirations. The Faculty's workload allocation model aims to achieve an overall balance of workload across the staff and to find the appropriate balance for individual staff members across teaching, administrative, research, and enterprise activities. The PDPR also addresses staff workload allocation according to the Faculty model.

All placement facilitators must complete Module 1 of the Pharmacy Educational Supervisor training package provided by e-learning for Health (eLfH) via NHS England. In addition, the School provides specific training relevant to LJMU MPharm placements. Facilitators receive initial training covering placement expectations, aims and assessment requirements, as well as copies of the placement handbook, together with student and facilitator workbooks. There is annual refresher training for all placement facilitators, outlining a summary of student feedback from the placement area and highlighting key changes or developments within the experiential learning stream. All placement facilitators will undergo re-training every three years.

Requesting further information on the induction and training of placement facilitators who are involved in placements for the current academic year, the team heard that the School was providing lunchtime and evening webinars, as well as using a SharePoint website as a repository for placement materials. All facilitators have received a 'one-stop shop' email providing links to information, including reporting mechanisms for concerns, along with bespoke written training information, and the School will transition to more interactive training with time; facilitators will receive training on feedback and assessment. As placements only start in February/March 2025, the School is gradually introducing training in the use of the electronic Practice Assessment Record and Evaluation (PARE) tool (see standard 6) to ensure that all are familiar with its use, starting with personal tutors and students and progressing to practice facilitators; training is going well, with people finding it easy to use and the School will continue to provide ad hoc support when needed. In response to the team's wish to learn about the support and training that they receive, including training relating to

entrustable professional activities (EPAs), a group of experiential learning providers representing community pharmacy, secondary care and primary care told the team that the School at Liverpool John Moores University offered good support with help being readily available when required. Concerning training, the placement providers confirmed that they had received an e-mail that provided a link to relevant resources. The School provided a webinar with a link to the workbook, which was sent to all providers, as well as sending out regular updates. Within hospitals, there is in-house training for the clinical team, covering supervision and how to provide feedback to students; less experienced staff are matched to those with experience to ensure that they have support. The primary care representative told the team that there had been no formal training from the School, although there had been a meeting before placements started to discuss expectations and what GP practice could offer, and the School offered good support if any problems arose. Providers were familiar with EPAs, which had been covered in a webinar, along with training in what had to be covered by students at each level and how these should be assessed. There had been training for case-based discussions and structured learning events for hospital placement facilitators. While it was clear that training is available, the team agreed that there should be greater clarity in ensuring that training is provided to all those involved in supervising students on placements.

Wishing to learn how staff workload is managed, so that staff members have time to learn and develop, and how new members of academic staff are supported to undertake the Postgraduate Certificate in Learning and Teaching in Higher Education, the team heard that the Faculty uses a robust workload model, with workloads considered during annual appraisal to ensure that people were not overloaded. Completion of the Postgraduate Certificate is built into the induction and development plans for all academic staff along with appropriate support. Part time staff can achieve associate fellowship of Advanced HE using the 3Is course, and Advanced HE fellowship can also be attained through submitting a portfolio. Time for these activities is incorporated into the workload model. All new staff members are allocated a mentor and are required to undergo peer observation of their teaching.

The students told the team that they were very satisfied with the level of support they received from the staff, who are always responsive to any issues and who go out of the way to provide help. Personal tutors were very accessible and were very helpful in dealing with any problems, including signposting them to the appropriate people and resources. The post-pandemic balance between online and face-to-face teaching was correct, although they would like the staff to record all live lectures, some of which were content-heavy, with not all information presented being shown on the PowerPoint slides to which they had access. In response to hearing that the students wanted lectures to be recorded, the staff explained to the team that while they had retained asynchronous lectures after Covid to make space for placements, they also wanted to use whole group activities for cohort cohesion. They had therefore devised interactive topics in lecture theatres to stimulate extensive discussion among students. As they wanted students to attend and engage with these activities, the School considered that recording of such events was inappropriate. Moreover, the School could not insist on recording lectures presented by eminent external speakers, who quite often contributed to the teaching. The team heard that notes and slides for lectures are normally released 48 hours in advance, although for interactive presentations this material is presented only during the session. The team noted that not handing out some materials in advance and not recording lectures may disadvantage students who have specific learning needs. The students reported that even when slides were provided, not all material was included.

## Teach out and transfer arrangements

As part of the response to condition 1, the School implemented an intensive preparation for practice in semester 2 of the 2022/23 academic year to upskill the final year students graduating under the 2011 GPhC standards. This teaching material has been retained as part of the new programme. Wishing to know the extent of double teaching still required, the team heard that this had been needed as a result of the complete curriculum review which had identified gaps, for example, in relation to the teaching of prescribing skills, especially for those students who have had interruptions in their studies. However, this academic year will be the last when double teaching will be required, and the amount of double teaching will be minimal.

All students with outstanding assessments and requiring transition to the new programme have done so. Students are aware of the requirements to meet the learning outcomes of the new programme and have now completed at least one year of this since the part 1 event. All year 3 students received a two-day catchup on clinical skills to bring them up to the required standards of the new programme. These students have passed the pharmacy skills competency assessment, thus demonstrating that this approach allowed them to achieve the minimum expected competence.

## Decision descriptors

Decision	Descriptor
Met	The accreditation team is assured after reviewing the available evidence that this criterion/learning outcome is met (or will be met at the point of delivery).
Not met	The accreditation team does not have assurance after reviewing the available evidence that this criterion or learning outcome is met. The evidence presented does not demonstrate sufficient progress towards meeting this criterion/outcome. Any plans presented either do not appear realistic or achievable or they lack detail or sufficient clarity to provide confidence that it will be met without remedial measures (condition/s).

